

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

14563

Registration District No. 781

Primary Registration District No. 5408

Registrar's No.

29

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Sweden Rural McMurtrey
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1st
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) (Specify whether

3. (a) PRINT
FULL NAMEAddie Wilson3. (b) If veteran,
name war3. (c) Social Security
No. None4. Sex Female 5. Color or
race White 6. (a) Single, widowed, married,
divorced Divorced6. (b) Name of husband or wife Alex Wilson 6. (c) Age of husband or wife if
alive ✓ years7. Birth date of deceased February 23, 1887
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
57 0 23 hr. min.9. Birthplace Bethany, Missouri 0
(City, town, or county) (State or foreign country)10. Usual occupation Homemaker11. Industry or business Isaac Miller12. Name Bethany, Missouri 0
13. Birthplace (City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Bethany, Missouri 7
(City, town, or county) (State or foreign country)16. (a) Informant Earnest Payne
(b) Address Sweden, Missouri17. (a) Burial (b) Date thereof 3-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Vera Cruz18. (a) Signature of funeral director Clinkingbeard Funeral Home(b) Address va, Missouri19. (a) 4-1-1944 (b) Mrs. J. R. Spaullock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Sweden Rural
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1944 hour 11 minute 15 A.M.21. I hereby certify that I attended the deceased from March
9, 1944, to March 16, 1944
that I last saw her alive on March 16, 1944
and that death occurred on the date and hour stated above.Immediate cause of death Diabetic Coma 2 group
DurationDue to Diabetic Mellitus

Due to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)
Chronic Nephritis
Major findings:
Of operationsOf autopsy 61

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature M. C. Spaullock 0 (M. D. or not)
Address va mo Date signed 3-20-44

B. R. M. Norman

RECEIVED
District Health Officer No. 6,
District File Number *44-498*
Date Filed *MAY 18 1944*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

W. B. Hutchinson

Licensed Embalmer No. *3431*

P. O. Address. *Area 210*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.